DOI 10.18471/rbe.v33.28091 Original Article

PREVALENCE OF MINOR PSYCHIC DISORDERS AND FACTORS ASSOCIATED WITH INTENSIVE NURSES

PREVALÊNCIA DE DISTÚRBIO PSÍQUICO MENOR E FATORES ASSOCIADOS EM ENFERMEIROS INTENSIVISTAS

PREVALENCIA DE DISTURBIO PSÍQUICO MENOR Y FACTORES ASOCIADOS EN ENFERMEROS INTENSIVISTAS

Deise dos Santos Silva Nascimento[1]
Gabriella Bené Barbosa[2]
Cleide Lucilla Carneiro Santos[3]
Davi Félix Martins Júnior[4]
Carlito Lopes Nascimento Sobrinho[5]

How to cite this article: Nascimento DSS, Barbosa GB, Santos CLC, Martins Júnior DF, Nascimento Sobrinho CL. Prevalence of Minor Psychic Disorders and factors associated with intensive nurses. Rev baiana enferm. 2019;33:e28091.

Objective: to estimate the prevalence and factors associated with minor psychiatric disorders in intensive care nurses. Method: cross-sectional, census-based, exploratory study conducted in nine Intensive Care Units of seven hospitals in a large city in the interior of Bahia, Brazil, from July to November, 2016. A validated, self-administered and unidentified questionnaire was used. Results: it was observed an association with variables: age and total workload; workload, night shift, double bond, and type of Intensive Care Unit; and alcohol consumption. Conclusion: the prevalence estimated was 24.6%, with a high prevalence of Minor Psychiatric Disorders in the study population.

Descriptors: Mental Suffering. Nurses. Intensive Care Units.

Objetivo: estimar a prevalência e os fatores associados aos Distúrbios Psíquicos Menores em enfermeiros intensivistas. Método: estudo de corte transversal, censitário, exploratório, realizado em nove Unidades de Terapia Intensiva de sete hospitais de uma grande cidade do interior da Bahia, Brasil, no período de julho a novembro de 2016. Utilizou-se um questionário validado, autoaplicável e não identificado. Resultados: observou-se associação com as variáveis: idade, carga horária total de trabalho; carga horária de trabalho, plantão noturno, duplo vínculo e tipo de Unidade de Terapia Intensiva; e consumo de álcool. Conclusão: a prevalência estimada foi de 24,6% com elevada prevalência de Distúrbios Psíquicos Menores na população estudada.

Descritores: Sofrimento Mental. Enfermeiros. Unidades de Terapia Intensiva.

[1] Nurse. Master in Professional Nursing. Independent researcher. Feira de Santana, Bahia, Brazil. deiseflits@hotmail.com
[2] Dentist surgeon. Master of Public Health. Independent researcher. Feira de Santana, Bahia, Brazil.
[3] Physiotherapist. Master of Public Health. Universidade Estadual de Feira de Santana. Feira de Santana, Bahia, Brazil.
[4] Geographer. Doctor of Medicine and Health. Assistant Professor, Universidade Estadual de Feira de Santana. Feira de Santana, Bahia, Brazil.
[5] Physician. Doctor of Medicine and Health. Full Professor, Universidade Estadual de Feira de Santana. Feira de Santana, Bahia, Brazil.

Objetivo: estimar la prevalencia y los factores asociados a los Disturbios Psíquicos Menores en enfermeros intensivistas. Método: estudio de corte transversal, censitario, exploratorio, realizado en nueve Unidades de Terapia Intensiva de siete hospitales de una ciudad grande del interior de Bahía, Brasil, en el período de julio a noviembre de 2016. Se utilizó un cuestionario validado, autoaplicable y no identificado. Resultados: se observó relación entre las variables: edad, carga horaria total de trabajo; carga horaria de trabajo, guardia nocturna, doble vínculo y tipo de Unidad de Terapia Intensiva; y el consumo de alcobol. Conclusión: la prevalencia estimada fue de 24,6% con elevada prevalencia de Disturbios Psíquicos Menores en la población estudiada.

Descriptores: Sufrimiento Mental. Enfermeros. Unidades de Terapia Intensiva.

Introduction

Working conditions are one of the determinants of the health situation of workers, which may contribute to their strengthening or deterioration. With the increase of competitiveness in the contemporary world, the work environment began to be identified as a place of many labor demands and triggered intense physical and mental exhaustion of workers[1].

Health work, considered part of the service sector, is an activity of the sphere of non-material production, which is completed in the act of its realization. It is organized on the basis of a growing technical and hierarchical division, which implies the fragmentation of the work process[2]. Therefore, the nursing service plays a fundamental role in health units.

Nurses are the professionals responsible for coordinating the nursing team, organizing and managing the care provided to patients. In addition to these functions, it is private for nurses to provide direct care to patients requiring intensive care[3-4]. In this context, nurses experience the challenge of implementing a work practice of a managerial-assistance nature.

Intensive Care Units (ICUs) can be identified as one of the most exhaustive and tense hospital environments. It is characterized by exposure to physical and emotional exhaustion, resulting from daily living with the anguish and suffering of clients and family members and also by greater exposure of professionals to mental wear and tear[4].

The work of intensive care nurses, fundamental for the quality of the care provided, has as its object of work a complex clientele, which requires an intense work pace, permeated by unforeseen and conflicting situations, agility in decision making and care free of damages, besides constant contact with situations of suffering and death of human beings[5].

These professionals face several difficulties related to the technical complexity of the assistance, the insecurity secondary to the high risk of complications and deaths, the high demand of the work process associated with the work environment, the low remuneration and the excessive workload. These situations can have direct repercussions on the health, reflecting in the quality of the assistance given to the user and in the development of the psychological suffering[6-7].

The increase in work-related injuries, including Minor Mental Disorders (MMD), is increasingly being passed on to health workers, and is characterized as a public health problem[8]. The term "minor psychiatric disorder" was created to designate symptoms of insomnia, fatigue, irritability, forgetfulness, difficulty concentrating, and somatic complaints that demonstrate a rupture of the individual's normal functioning, not constituting, however, a nosological category of the 10th International Classification of Diseases (ICD-10), nor from the Diagnostic and Statistical Manuals (DSM) of the American Psychiatric Association; however, they constitute a public health problem and present relevant economic impacts due to the demands generated by health services and absenteeism at work[9]. MMD, among health workers, may be related to long hours of work, the fast pace of work, insufficient rest breaks throughout the day and intense responsibility for

the tasks performed[10]. The high prevalence of MMD among these professionals is revealed in some studies[7-8].

Thus, this study presents as a guiding question: What is the prevalence and factors associated with Minor Mental Disorders in intensive care nurses? Considering the health problems that may be related to the work activity in the Intensive Care Unit environment, this study aims to estimate the prevalence and factors associated with Minor Mental Disorders in intensive care nurses.

Method

This is a cross-sectional, census-based, exploratory study conducted with intensive care nurses from nine ICUs from public and private hospitals in a large city in the interior of Bahia, Brazil. This study represents a cut of the project "Mental Health of Intensive Workers of a Great City of Bahia", with the support of the team of researchers from the Situation and Epidemiological and Statistical Analysis Room (SSAEE) of the State University of Feira de Santana.

Of the total number of hospitals in the city, two had the ICU disabled during the data collection period and, therefore, did not participate in the survey. Of the seven hospitals included in the study, some had more than one ICU.

All nurses (n=85) who were in intensive care, registered in the Human Resources department of the seven hospitals investigated, were considered eligible. The inclusion criterion was to work in the ICU for at least six months, to avoid the bias of a healthy worker. The exclusion criteria were: to act in administrative activity, to be on vacation, on medical leave or maternity leave.

Data collection was performed from July to November 2016 through the distribution of a validated questionnaire[9], self-administered, unidentified, accompanied by the Informed Consent Form (TCLE, acronym in Portuguese). The questionnaire was composed of blocks seeking to know: the sociodemographic profile of the interviewees; general information about ICU work; the working environment; household activities and living habits, with issues to detect alcohol abuse using the CAGE Test and the performance of leisure activities. Workers' mental health was assessed using the Self-Report Questionnaire (SRQ-20) for the detection of MMD.

The CAGE test is a standardized questionnaire composed of four questions whose denomination derives from the initials of the keywords of each question in the original language, English: Have you ever felt that you should drink less or stop drinking? (Cut down?); Do people bore you because they criticize your drinking? (Annoying by criticism?); Do you feel guilty about the way you usually drink? (Guilty about drinking?); Do you usually drink in the morning to reduce your nervousness and hangover? (Eye-opener drink?). The CAGE is used as a screening test to detect abuse in alcoholic beverages, using the cut-off point in two or more positive responses to the four test questions. It presents high sensitivity, specificity and predictive values both in its English version and in the Portuguese version. Individuals with a positive response score ≥ 2 were considered positive for the CAGE test[9].

The most commonly used version of SRQ-20 consists of 20 questions (four on physical symptoms and 16 on psycho-emotional symptoms). The answers are of the dichotomous type, "yes" or "no", assigning, respectively, values of "1" and "0". The suggested cutoff point for the identification of Minor Mental Disorder is that of seven (7) positive responses. The worker who presented a positive response score ≥ 7 was considered positive and the one who presented a positive response score < 7 was considered negative[11].

A pilot study was conducted during a day of June 2016, with ten nurses working in an emergency unit of a public hospital in the same municipality. The objective was to verify the approximate completion time, the clarity of the instrument and the defined strategy for data collection. For the main study, the list of the workers who worked in the ICUs and their distribution among the work shifts was requested from the Hospitals' Directorates. A wide dissemination of the research was carried out, through posters and leaflets, to arouse the interest of the target population.

The questionnaires, duly numbered, were delivered to the professionals in the respective work places accompanied by the TCLE. The investigators clarified the study objectives and the general instructions on filling. Workers, who agreed to participate in the study and signed the TCLE, completed the questionnaire in their own workplace.

In order to attend the workers who could not interrupt their activities to fill the instrument for reasons related to the dynamics of the service, in agreement with their management, in order not to cause inconvenience, the researcher returned on different occasions to collect the questionnaires answered. During the collection, weekly meetings were held with the team of researchers to submit and review the questionnaires.

The data collected in the EpiData version 3.1 was double typed to minimize possible errors. Statistical Package for Social Science (SPSS®) software was used for statistical analysis. The descriptive analysis of the data was carried out with the support of the calculation of the absolute and relative frequencies of the categorical variables and the mean and standard deviation of the numerical variables, referring to the sociodemographic characteristics, the working conditions and the mental health situation of the workers. For the bivariate analysis, the prevalence ratio (PR) was used as a measure of association. Because it was a population study, no statistical significance was calculated[12].

The project was submitted to the Research Ethics Committee of the State University of Feira de Santana (CEP/UEFS) and approved with Opinion no. 1,355,188 / CAAE: 49119315.4.0000.0053, complying with the determinations of Resolution 466/2012[13].

Results

Of the 85 nurses initially eligible, five were not found during the data collection and 15 refused to participate in the study, constituting a population of 65 workers, representing 76.5% of the population. Among the participants, 45.8% worked in an adult ICU and 54.2% in a pediatric or neonatal ICU.

Regarding the sociodemographic characteristics of the studied population, 90.8% were female and 9.2% male; 62.9% were younger than 34 years. The mean age found was 33.9 years, with a standard deviation of ± 6.3. Regarding the marital situation, 44.4% were married and 54.0% had no children. With regard to academic training, 82.5% had specialization and 57.1% reported income between R$ 6,001.00 and R$ 10,000.00 (Table 1).

Table 1 – Sociodemographic characteristics of intensive care nurses. Feira de Santana, Bahia, Brazil – 2016

(continued)

Socio-demographic characteristics of intensive care nurses	n*	%
Sex (N=65)		
Female	59	90,8
Male	6	9,2
Age group (N=62)		
≤ 33 years	39	62,9
34 years or more	23	37,1
Marital status (N=63)		
Single	19	30,2
Married	28	44,4
Stable union	8	12,7
Divorced	8	12,7
Children (N=63)		
No	34	54,0
Yes	29	46,0

Table 1 – Sociodemographic characteristics of intensive care nurses. Feira de Santana, Bahia, Brazil – 2016 (conclusion)

Socio-demographic characteristics of intensive care nurses	n*	%
Academic education (N=57)		
Specialist	47	82,5
Master	4	7,0
Residence	5	8,8
Doctorate	1	1,8
Type of ICU (N=59)		
Adult	27	45,8
Neonatal	21	35,6
Pediatric	11	18,6
Monthly income (N=63)		
≤ 3.000,00	13	20,6
3.001,00 – 6.000,00	36	57,1
6.001,00 – 10.000,00	20	31,7
10.001,00 – 20.000,00	1	1,6

Source: Created by the authors.

* Valid answers: the ignored replies were deleted.

Regarding the characteristics of the work, the majority of the nurses reported working in the ICU for at least six years (58.7%), and reported working on duty at the units, with a greater predominance of workers performing 12-hour shifts (51,6%). Among the nurses studied, 62.3% reported having a weekly workload in the ICU greater than 36 hours. Considering all activities that generate income, the total workday during the week averaged 54 hours per week, 48.3% of which correspond to the weekly workday, which is over 54 hours, and 51.7% less than 54 hours per week.

Regarding night shift, 71.4% worked on the 12-24 hour shift. The most frequent type of work bond was as a private sector employee 53.1%. 63.5% of the participants reported having another work relationship and 61.0% reported taking part in the ICU from another work activity (Table 2).

Table 2 – Characteristics of the work of the intensivist nurses population. Feira de Santana, Bahia, Brazil – 2016 (continued)

Functional characteristics of intensive care nurses	n*	%
Time worked in ICU (years) (N=63)		
≤ 6 years	37	58,7
≥ 7 years	26	41,3
Workload on duty in the ICU (N=64)		
6-12 hours	41	64,1
24 hours	23	35,9
Weekly workload in ICU (N=61)		
6-30 hours	23	37,7
36-168 hours	38	62,3
Workload at night shift in ICU (N=56)		
12-24 hours	40	71,4
36-96 hours	16	28,6
Total weekly workload (N=60)		
≤ 54 hours	31	51,7
Greater than 56 hours	29	48,3

Table 2 – Characteristics of the work of the intensivist nurses population. Feira de Santana, Bahia, Brazil – 2016 (conclusion)

Functional characteristics of intensive care nurses	n*	%
Institutional bond (N=64)		
Waged private employee	34	53,1
Waged public employee	18	28,1
Others**	12	18,8
Other work activity (N=63)		
Yes	40	63,5
Do not have	23	36,5
Comes from another shift before duty (N=64)		
Never / Rarely	45	70,3
Often	16	25,0
Always	3	4,7
Patients on duty (N=63)		
1-9 patients	28	44,4
≥ 10 patients	35	55,6

Source: Created by the authors.

* Valid answers, excluding ignored ones. ** Others = temporary contract, cooperative, provision of service.

53.8% of the studied nurses reported practicing physical activity. Most respondents (95.3%) reported not smoking. Regarding alcohol consumption, 50.8% reported using it (Table 3).

Table 3 – Life habits, alcoholic beverage consumption of intensive care nurses. Feira de Santana, Bahia, Brazil – 2016

Intensive nurses' life habits	n*	%
Physical activity (N=65)		
Yes	35	53,8
No	30	46,2
Smoking habit (N=64)		
Never smoked	61	95,3
Ex-smoker	2	3,1
Others	1	1,6
Alcohol consumption - CAGE test (N=65)		
Yes	33	50,8
No	32	49,2

Source: Created by the authors.

* Valid answers, excluding ignored ones.

MMD was observed in 24.6% of the nurses studied. There was a positive association between MMD and sociodemographic variables - age, children, marital status, monthly income and ICU work time (Table 4); and between the MMD and the characteristics of the work - type of ICU, the usual workload in the ICU, weekly workload in the ICU, the number of hours worked in the night shift in the ICU, the total workload during the week, the double bond, alcohol consumption, and physical activity (Table 5).

Table 4 – Association measured by the Prevalence Ratio between the sociodemographic characteristics and the Minor Psychic Disorder of the intensive care nurses population. Feira de Santana, Bahia, Brazil – 2016

Sociodemographic characteristics	Minor psychiatric disorder				
	Yes	%	No	%	Prevalence Ratio
Age (N=62)					
≤ 32 years	12	30,8	27	69,2	1,77
33 years or more	4	17,4	19	82,6	
Marital status (N=55)					
Single	7	36,8	12	63,2	1,47
With partner	9	25,0	27	75,0	
Have children (N=63)					
No	10	29,4	24	70,6	1,42
Yes	6	20,7	23	79,3	
Monthly income (N=63)					
Greater than R$ 6,000.00	4	28,6	10	71,4	1,16
≤ R$ 6,000.00	12	24,5	37	75,5	
Time / years of work (N=63)					
Less than 6 years	10	27,0	27	73,0	1,17
≥ 6 years	6	23,1	20	76,9	

Source: Created by the authors.

* Valid answers, excluding ignored ones.

Table 5 – Association measured by the Prevalence Ratio between the characteristics of the work / Life habits and Minor Psychic Disorder of the intensive care nurses population. Feira de Santana, Bahia, Brazil – 2016 (continued)

Job Characteristics	Minor psychiatric disorder				
	Yes	%	Não	%	Prevalence Ratio
Workload on duty in the ICU (N=64)					
≤ 12 hours	12	30,0	28	70,0	
> 12 hours	4	16,7	20	83,3	1,80
Carga Horária total semanal em UTI (N=61)					
> 36 hours	12	31,6	26	68,4	1,82
≤ 30 hours	4	17,4	19	82,6	
Workload at night shift in ICU (N=56)					
> 12 hours	6	37,5	10	62,5	1,50
≤ 12 hours	10	25,0	30	75,0	
Total weekly workload (N=60)					
> 54 hours	10	34,5	19	65,5	1,78
≤ 54 hours	6	19,4	25	80,6	
Comes from another job (N=64)					
Yes	12	30,8	27	69,3	1,93
No	4	16,0	21	84,0	
Type of ICU (N=64)					
Neonatal / pediatrician	10	31,3	22	68,7	1,40
Adult	6	22,2	21	77,8	

Table 5 – Association measured by the Prevalence Ratio between the characteristics of the work / Life habits and Minor Psychic Disorder of the intensive care nurses population. Feira de Santana, Bahia, Brazil – 2016 (conclusion)

Job Characteristics	Minor psychiatric disorder				
	Yes	%	Não	%	Prevalence Ratio
Physical activity (N=65)					
No	8	26,7	22	73,3	1,17
Yes	8	22,9	27	77,1	
Alcohol consumption (N=65)					
Yes	10	30,3	23	60,7	1,61
No	6	18,8	26	81,2	

Source: Created by the authors.

* Valid answers, excluding ignored ones.

Discussion

In the present study, the female gender was the most frequent among the nurses studied. The prevalence of MMD was 24.6%, corroborating the results of a study on the symptoms of Common Mental Disorder (CMD) in ICU nurses, which found a prevalence of 27.7%[14]. In another study with ICU nursing workers, the overall prevalence of MMD was 42.5%[8]. The result of the prevalence of MMD in this study was compared with that of other studies performed with nurses working in hospital units, with prevalence of MMD ranging from 15.8% to 20%[7,15-16].

In other nurses' work environments, such as basic health care and teaching, prevalence similar to that found in this study were obtained[9,17]. It can be reflected that the MMD are part of a reality present in the work of nurses in different working environments, which can have direct consequences for their health and for the quality of care provided, whether in the hospital area, primary care or teaching. Therefore, they can be considered a public health problem.

In this study, it was verified that the prevalence of MMD was higher among nurses aged 34 years or younger when compared to the prevalence of MMD among nurses aged 35 or over, with a prevalence ratio of 1.77, a result similar to that found by another author[15]. A study with ICU nurses showed that depression reaches the younger groups of these professionals on a larger scale than those with more advanced age, pointing out that this population may be considered more vulnerable to situations of stress and illness due to the little experience in dealing with everyday situations in the work environment[18].

The nurses surveyed had a high weekly workload on duty, which could be a triggering factor for stress and mental distress. Studies show that working conditions directly interfere with workers' health. Thus, this study revealed that there is a positive association between the high working hours in the ICU and MMD, a result similar to that found in other studies on the subject of mental suffering and stress among ICU nurses and those working in hospital units[15,18].

With regard to the hours of on-call, there was a higher prevalence of MMD among nurses working at night, with a prevalence ratio of 1.50, a result similar to that found in other studies on stress and burnout among nurses[15,19-20].

Night work is associated with high levels of stress among nursing professionals, and this may potentiate the occurrence of health complications, since imbalance of the biological rhythm causes higher levels of stress and worsens the quality of sleep. In a study about the effects of night work on the lives of nurses working in hospital units, it was found that at night shift, these professionals feel lonelier, worn, and leading to unfavorable

physical and mental conditions. Such conditions include feelings of tiredness, mood swings, lack of control and difficulties in performing tasks[21].

Most of the nurses reported that they used to take on duty at the ICU from another job, which indicates a double working day. The prevalence of MMD in these professionals was higher when compared to the other professionals, and there was a positive association between taking the shift from another bond and MMD.

The double working day is a constant feature in studies on mental suffering that deal with issues such as MMD, CMD symptoms and stress, revealing that most nurses and/or nursing staff have a double bond and are more susceptible to undergo mental suffering[17,19].

This study was performed in different ICUs that provide care to different clienteles (adults, children and neonates), showing a positive association of MMD with the type of ICU, with a higher prevalence of MMD in nurses working in pediatric and neonatal ICUs. This data can be analyzed by the context that involves the work of these units: caring for children or newborns in critical condition, with imminent risk of death. In a study carried out with nurses and physicians of the pediatric ICU on the meaning of death, the professionals reported great mental suffering before the death and the worsening of the picture of the patients under age. Such a situation may be related to the significance of infantile vitality, when death escapes the natural order of human existence. In this way, the feeling for professionals is that life was not lived enough before the precocity of death[22].

With regard to life habits, most of the nurses reported practicing physical activity on a regular basis. A slightly higher prevalence of MMD was observed among professionals who were not habitually practicing physical activity, thus evidencing the weak association between lack of physical activity and MMD. The biomedical literature shows innumerable benefits related to the practice of physical activity in daily and professional habits, such as: cognitive improvement; combat stress, anxiety, and depression; improvement of interpersonal relationships; energy; and less fatigue during working life[23].

The present study evaluated in a generic way the practice of physical activity among the workers studied, without using a specific and validated instrument to evaluate this condition. In addition, this result may suggest reverse causality bias, which is frequent in cross-sectional studies. In this case, workers who reported practicing physical activity may have adopted this behavior to seek a better quality of life, when they already had some degree of mental suffering. Thus, the result obtained must be analyzed with caution, since the adopted approach presents low precision.

Regarding alcohol consumption, a positive association with MMD was found, presenting a prevalence ratio of 1.61. Similar results were presented in the national survey on the pattern of alcohol consumption in the Brazilian population (50%)[24]. In addition, the American Nurses Association (ANA) estimated that, approximately, 10% of nurses are dependent on alcohol and/or other drugs, which could compromise their health and professional performance, jeopardizing patient safety[25].

Some methodological considerations are important. The cross-sectional study examines the exposure-disease relationship in a given population or sample at a particular time, providing a picture of how the variables are related at that time. Therefore, it does not establish causal nexus and only points the association between the variables studied. Selecting only survivors to the studied effect (prevalence bias) is a particularly relevant limitation in occupational studies, due to the so-called healthy worker effect. In addition, this study had an exploratory character, performing only bivariate analyzes. Another drawback in studies that use self-administered questionnaires is that the research subject may not answer all the questions posed, making it difficult to control the loss of information.

Conclusion

The results showed a high prevalence of Minor Psychic Disorders in the study population.

It was observed an association between MMD and the variables: age, total workload; workload, night shift, double bond and type of Intensive Care Unit; and alcohol consumption.

Thus, there is a need to expand studies on the working conditions in the Intensive Care Unit, seeking to identify factors associated with the mental suffering of these workers and to promote reflection and discussion on better working conditions in this scenario, aiming to contribute to the adoption of preventive measures and incentive measures of healthy living habits.

Collaborations:

1. conception, design, analysis and interpretation of data: Deise dos Santos Silva Nascimento, Gabriella Bené Barbosa, Cleide Lucilla Carneiro Santos, Davi Félix Martins Júnior and Carlito Lopes Nascimento Sobrinho;

2. writing of the article and relevant critical review of the intellectual content: Deise dos Santos Silva Nascimento, Gabriella Bené Barbosa, Cleide Lucilla Carneiro Santos and Carlito Lopes Nascimento Sobrinho;

3. final approval of the version to be published: Deise dos Santos Silva Nascimento, Gabriella Bené Barbosa, Cleide Lucilla Carneiro Santos, Davi Félix Martins Júnior and Carlito Lopes Nascimento Sobrinho.

References

1. Rosado IVM, Russo GHA, Maia EMC. Produzir saúde suscita adoecimento? As contradições do trabalho em hospitais públicos de urgência e emergência. Ciênc Saúde Coletiva. 2014;20(10):3021-32.

2. Ribeiro EM, Pires D, Blank VLG. A teorização sobre processo de trabalho em saúde como instrumental para análise do trabalho no Programa Saúde da Família. Cad Saúde Pública. 2004;20(2):438-46.

3. Soares MI, Resck ZMK, Terra FS, Camelo SHH. Systematization of nursing care: challenges and features to nurses in the care management. Esc Anna Nery Rev Enferm. 2015;19(1):47-53.

4. Abreu RM, Gonçalves RMA, Simões ALA. Motivos atribuídos por profissionais de uma Unidade de Terapia Intensiva para ausência ao trabalho. Rev bras enferm. 2014 maio-jun;67(3):386-93.

5. Campos JF, David HMSL, Souza NVDO. Prazer e sofrimento: avaliação de enfermeiros intensivistas à luz da psicodinâmica do trabalho. Esc Anna Nery. 2014;18(1):90-5.

6. Fonseca TCP, Mello R. Síndrome de burnout entre profissionais de enfermagem de unidades intensivas em um hospital público. Rev Enferm UFPE Online. 2016 [cited 2016 Jun 15];10(1):296-303. Available from: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/12254

7. Araujo TM, Aquino E, Menezes G, Santos CO, Aguiar L. Aspectos psicossociais do trabalho e distúrbios psíquicos entre trabalhadoras de enfermagem. Rev Saúde Pública [online]. 2003 [cited 2016 Jan 16];37(4):424-33. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102003000400006

8. Amaral TR. Dimensões psicossociais do trabalho da enfermagem e os distúrbios psíquicos menores em unidades críticas [dissertação]. [Florianópolis]: Universidade Federal de Santa Catarina; 2006. 115 f.

9. Barbosa GB, Correia AKS, Oliveira LMM, Santos VC, Ferreira SMS, Martins DFJ, et al. Trabalho e saúde mental dos profissionais da Estratégia Saúde da Família em um município do Estado da Bahia, Brasil. Rev Bras Saúde Ocup. 2012;37(126):306-15.

10. Urbanetto JS, Magalhães MCC, Maciel VO, Sant'Anna VM, Gustavo AS, Poli-de-Figueiredo CE, et al. Estresse no trabalho segundo o modelo demanda-controle e distúrbios psíquicos menores em trabalhadores de enfermagem. Rev Esc Enferm USP. 2013;47(3):1186-93.

11. Mari J, Williams P. A validity study of a psychiatric screening questionnaire (SRQ-20) in primary care in the city of São Paulo. Br J Psychiatry. 1986;148(1):23-6.

12. Dancey CP. Estatística sem matemática para psicologia. 5a ed. Porto Alegre: Penso; 2013.

13. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução n. 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos [Internet]. Brasília; 2013 [cited 2016 Jan 12]. Available from: http://bvsms.saude.gov. br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html

14. Silva JLL, Soares RS, Costa FS, Ramos AS, Lima FB, Teixeira LR. Psychosocial factors and prevalence of burnout syndrome among nursing workers

in intensive care units. Rev Bras Ter Intensiva. 2015;27(2):125-33.

15. Kirchhof ALC, Magnago TSBS, Camponocara S, Griep RH, Tavares JP, Prestes FC, et al. Condições de trabalho e características sócio-demográficas relacionadas à presença de distúrbios psíquicos menores em trabalhadores de enfermagem. Texto Contexto Enferm [online]. 2009 [cited 2017 Apr 30];18(2):215-23. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072009000200003
16. Rodrigues EP, Rodrigues US, Oliveira LMM, Laudano RCS, Nascimento Sobrinho CL. Prevalência de transtornos mentais comuns em trabalhadores de enfermagem em um hospital da Bahia. Rev Bras Enferm. 2014;67(2):296-301.
17. Tavares JP, Magnago TSBS, Beck CLC, Silva RM, Prestes FC, Lautert L. Prevalência de distúrbios psíquicos menores em enfermeiros docentes. Esc Anna Nery. 2014;18(3):407-14.
18. Vasconcelos EM, Martino MMF. Preditores da sintomatologia depressiva em enfermeiros de unidade de terapia intensiva. Esc Anna Nery. 2017;21(3):17-31.
19. Inoue KC, Versa GLGS, Murassaki ACY, Melo WA, Matsuda LM. Estresse ocupacional em enfermeiros intensivistas que prestam cuidados diretos ao paciente crítico. Rev Bras Enferm. 2013;66(5):722-9.
20. Andolhe R, Barbosa RL, Oliveira EM, Costa ALS, Padilha KG. Stress, coping and burnout among Intensive Care Unit nursing staff: associated factors. Rev Esc Enferm USP. 2015;49(spe):58-64.
21. Girondi JBR, Gelbcke FL. Percepção do enfermeiro sobre os efeitos do trabalho noturno em sua vida. Enferm foco. 2011;2(3):191-4.
22. Cherer EQ, Quintana AM, Pinheiro UMS. A morte na perspectiva de enfermeiros e médicos de uma Unidade de Terapia Intensiva pediátrica. Estud psicol. 2015;32(4):685-94.
23. Freire CB, Dias RF, Schwingel PA, França EET, Andrade FMD, Costa EC, et al. Qualidade de vida e atividade física em profissionais de terapia intensiva do sub médio São Francisco. Rev Bras Enferm. 2015;68(1):26-31.
24. Instituto Nacional de Ciência e Tecnologia para Políticas Públicas do Álcool e outras Drogas; Universidade Federal de São Paulo. II LENAD - Levantamento Nacional de Álcool e Drogas – Relatório 2012 [Internet]. São Paulo; 2014 [cited 2017 May 5]. Available from: http://inpad.org.br/wp-content/uploads/2014/03/Lenad-II-Relat%C3%B3rio.pdf
25. Kunyk D. Substance use disorders among registered nurses: prevalence, risks and perceptions in a disciplinary jurisdiction. J Nurs Manag. 2015;23(1):54-64.

Received: September 19, 2018

Approved: March 26, 2019

Published: June 21, 2019